

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90271 049 ***150.00

015425 AV

DOCUMENT # P97000106005

1. Entity Name
MR ENTERPRISES / EZ TV, INC.

Principal Place of Business

5275 BABCOCK STREET NE. #7
 COUNTRY CLUB PLAZA
 PALM BAY FL 32905

Mailing Address

5275 BABCOCK STREET NE. #7
 COUNTRY CLUB PLAZA
 PALM BAY FL 32905

PLEASE CHANGE ADDRESS

2. Principal Place of Business

4700 BABCOCK ST NE #9

Suite, Apt. #, etc.

SABEE PALM PLAZA

City & State

PALEM BAY, FLA

Zip

32905

Country

USA

3. Mailing Address

4700 BABCOCK ST NE #9

Suite, Apt. #, etc.

SABEE PALM PLAZA

City & State

PALEM BAY FL

Zip

32905

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3485585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

THOMAS, DOTTIE
1835 MALABAR RD
MALABAR FL 32950

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing: ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	THOMAS, DOTTIE	
STREET ADDRESS	3076 INDIAN RV. DRIVE N.E.	
CITY-ST-ZIP	PALEM BAY FL 32905	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	THOMAS, RONALD	
STREET ADDRESS	3076 INDIAN RV DRIVE N.E.	
CITY-ST-ZIP	PALEM BAY FL 32905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS, DOTTIE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-02 321-956-3388

CR2E034 (9/01)